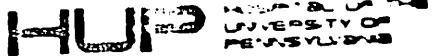


EXHIBIT 52



EMERGENCY SERVICES MEDICAL REPORT

1986 NOV -6 FM 8 58

S 19 29 49 453 8/160

1. 21 66 11
2. 11 504 ST
3. FA 0045
4. 3 11 16 180

PATIENT'S NAME LAST FIRST MIDDLE
MURRAY, BRUCE

DATE 12/16/80 TIME 832 PM

Imprint With Patient Plate

TRIAGE CLASSIFICATION



PRESENTING COMPLAINT

LAST OPD VISIT

ALLERGIES

 ORDER CHART

LAST HUP ADMISSION

STATE OF CONSCIOUSNESS



80 yrs. B.M. shot 2 hours ago in the fore arm by 32 pistol at n 8 feet away. Pt is (R) handed. States d numbness, tingling & strength just pain at entrance site.

PF: T 98.6 P=96 144/70 R 100 140/70 O 2x3 cm irreg entrance wound b dorsal forearm at 8-9 cm from elbow. N/V intact. good radial pulse poor ulnar. bullet. Bullet is palpable 8g radial (2cm + prox 1cm) from entrance site.

bullet in soft tissue, no dt

INJURY TYPE PA - left left forearm

TIME REQUESTED

 ERG URINALYSIS CULTURE CBC CHEMISTRY LIVER FUNCTION

1. S/p gunshot (C) forearm.

4.

3.



felons foreign, bullet removed under local anest via entrance site. Irrig copiously w/ 1% str. betadine, $\frac{1}{2}$ str. H₂O₂ & then NS via



TREATED AND DISCHARGED	DISCHARGE DATE	DISCHARGE TIME	<input type="checkbox"/> ADMITTED	SERVICE	BED	TIME 20 CC
						Syringe

 REFERRED TO PMD REFUSED MEDICAL AID D.O.A.

INITIALS _____

20 gauge needle

DISCHARGE CONDITION:

 GOOD SATISFACTORY FAIR POOR

INSTRUCTIONS TO PATIENT:

 ER WIC ON

HUP OUTPATIENT PROGRAM

DATE _____

TIME _____

DISCHARGE MEDICATIONS:

1. Tylenol #2 - or if po g.y.o

DISCHARGE INSTRUCTIONS:

wound care & soft tissue injury
sheet, soak T.D.
Ref for wound by Dr Costa
god. 1st one Thurs 12/18 2 PM

I certify that I have received and understand the above instructions
Bruce Murray DAQFile#0425

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
EMERGENCY SERVICES DEPARTMENT

HOUSE OFFICER SIGNATURE

11/16/80

**HUP HOSPITAL
EMERGENCY SERVICES
PATIENT INFORMATION REPORT**

ARRIVAL DATE 12/16/80	ARRIVAL TIME 8:30 AM	BRONX IN NY Sister	NOTIFICATION
PATIENT'S NAME LAST MURRAY Bruce	MIDDLE	STREET ADDRESS [REDACTED]	CITY STATE ZIP CODE [REDACTED]

PATIENT'S MAIDEN NAME [REDACTED]	MOTHER'S FIRST NAME [REDACTED]	FATHER'S FIRST NAME [REDACTED]	PATIENT I.D. [REDACTED]	BCD 3	DOCTOR NO. 010462
AGE 30	DATE OF BIRTH [REDACTED]	RACE B M O	SEX M	PATIENT TYPE [REDACTED]	RELIGION Muslim
PERIOD E			TYPE E	SERVICE E/R <input type="checkbox"/> WIC <input type="checkbox"/> OH <input type="checkbox"/> IMM	

GUARDIAN NAME MURRAY, Bruce - Same	ADDRESS [REDACTED]	TELEPHONE NO. [REDACTED]		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY MURRAY - Same	ADDRESS [REDACTED]	TELEPHONE NO. [REDACTED]		
INDIVIDUAL CONTACTED [REDACTED]	TELEPHONE NO. [REDACTED]	FIR. CL. [REDACTED]		
MEDICAL ASSISTANCE NO. [REDACTED]	LINE NO. [REDACTED]	CONTROL DIGIT [REDACTED]	MEDICARE NO. [REDACTED]	PREFIX [REDACTED]

INS. PLAN [REDACTED]	CERTIFICATE OR AGREEMENT NO. [REDACTED]	GROUP NO. [REDACTED]	CDS [REDACTED]
INS. PLAN [REDACTED]	CERTIFICATE OF AGREEMENT NO. [REDACTED]	GROUP NO. [REDACTED]	CDS [REDACTED]

IF THERE ARE FIVE OR LESS LINES OF SUCH PROCEDURES AS MAY BE NEEDED REASONABLE AND ADVISABLE FOR DIAGNOSIS AND TREATMENT OF THE VARIOUS ABOVE-NAMED PATIENTS.

SERVICE	QTY.	SERVICE	QTY.	SERVICE	QTY.
EMERGENCY ROOM		Emer Drugs	80500051	Differential	20400748
Emer. Sv. Visit	80100019	Unna Boot	80500069	Dilantin Level	20101366
Suture Removal	80101017	EMERGENCY SERVICES - OTHER		Glucose	20100137
Emer. Minor Sug.	80100027	Walk-In Clinic	82300013	HAA Titre	20102059
Sutures	80100035	Renewal Presc.	82300039	HBD	20100103
Cast Rm Usage	80100043	Imm Inlt Injection	82400011	Ketone	20100418
Obs 1 to 4 Hrs.	80100050	Imm Ea. Add'l.	82400029	LDH	20100095
Obs Each Add'l Hr.	80100068	BLOOD GAS 18	11100310	Mono Spot	20500138
Obs 12 or More Hrs.	80100076	RESP. THERAPY		Platelets	20400107
Serv Revisit	80100084	IPPB Treatment	12100111	Pregnancy Test	20102000
LABORATORY EMERGENCY		Oxygen	12100004	Prothrombin (PT)	20400198
Urinalysis	80200017	LABORATORY		Partial Thrombin (PTT)	20400156
Hematocrit	80200025	Alk Phos.	20100129	Reticulocytes	20400321
Gram Stain	80200033	ALT (GPT)	20100087	RPR Card Test	20500153
ORTHOPAEDIC		Aminophylline Level	20101374	Sedimentation Rate	20400347
Cast-Extremity ShL	80300015	Amylase	20101317	Sickling	20400339
Cast-Extremity Lng.	80300023	AST (GOT)	20100079	SMA 6/60	20100525
Clavicle Splint	80300031	Barbiturate Level	20100780	Sodium	20100210
Finger Splint	80300049	Bilirubin	- 20100145	Potassium	20100236
Sling	80300056	Blood Group	21100029	Chloride	20100053
Cervical Collar	80300064	Blood Type (RH)	21100037	CO2	20100061
ELECTROCARD		BUN	20100020	Creatinine	20100913
EKG	80400013 - 08600017	Calcium	20100178	Tegretol Level	20103743
PHARMACY ER		CBC	20400479	VDRL	20500187
PPD & Tetanus	80500010	CK (CPK)	20100111	WBC	20400065
Injectables Other	80500028	Culture	20200044		
SA-Tylenol	80500036	Culture (Urine)	20200051		
Op. All Oth.	80500046	Drug Sensitivity	20200218		

Gunshot wound () forearm

4.	1	DISCHARGED	Treated and Discharged	Admitted	Referred	Refused	D.O.A.
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CERTIFICATION AUTHORIZATION TO RELEASE INFORMATION AND REQUEST PAYMENT

I CERTIFY THAT SERVICES LISTED ARE RECEIVED

the information given by me in applying for payment under Title

66

Name Murray, Brad

MEDICATIONS

INTAKE | **OUTPUT**

HUP

HOSPITAL OF THE
UNIVERSITY OF
PENNSYLVANIA

EMERGENCY ROOM NURSES RECORD

DEPARTMENT OF NURSING

Date: 12 - 16-80 Time: 8 AM
Name: Murray, Bruce (20)
Allergy C Last Tetanus Year ?
Presenting Complaint: "junked" to (2) arm
2 hrs. ago

Health History

Signature

TIME	TEMP.	P	R	B/P	PLACED IN EXAM ROOM:	A.M.	P.M.
5:30	98.9 (P.O.)	100	16	144/71	COMMENTS: No cheek intact -		
		R.		/	Wounds present		
				/	- gunshot & surface grazing		
				/	of (2) Deltoid fore-arm.		
				/	Bullet lodged in subcutaneous		
				/	tissue/muscle. - MA		
				91	being seen by MD. - PC		
				/			
				/			
				950	to X-ray		
				1055	for returned from X-ray - PA		
				/			

P.O. _____ Summary Time _____

I.V. _____

Total: _____ Total: _____

SPECIAL PROCEDURES	LAB WORK	DISCHARGE PLANNING
<input type="checkbox"/> Soaks <input type="checkbox"/> Ace Applied <input type="checkbox"/> Scrub <input type="checkbox"/> Splint <input type="checkbox"/> Elevations <input type="checkbox"/> Sling <input type="checkbox"/> Irrigations <input type="checkbox"/> Dressing Applied <input type="checkbox"/> Ice Applied <input type="checkbox"/> Surgical Suturing	<input type="checkbox"/> Urine <input type="checkbox"/> Hct <input type="checkbox"/> Lab Stix Bld _____ Ket _____ Sug _____ Prot _____ PH _____ <input type="checkbox"/> Dextrostix <input type="checkbox"/> Hemovault <input type="checkbox"/> Weight	<input type="checkbox"/> Crutch or cane <input type="checkbox"/> Cast Care <input type="checkbox"/> Wound Care <input type="checkbox"/> Medication teaching <input type="checkbox"/> Public Health Referral Bruce Murray DAO Files 0424 <input type="checkbox"/> Social Service <input type="checkbox"/> Instruction Type <input type="checkbox"/> ER Inst.



HOSPITAL OF THE
UNIVERSITY OF
PENNSYLVANIA

REPORT OF ROENTGEN FINDINGS

DEPARTMENT OF RADIOLOGY

PATIENT NAME	DATE OF BIRTH	AGE	SEX	DEPARTMENT	MED. REC.	DATE
MURRAY BRUCE		20	M	NONE	592949	16-Dec-80
EXAM				TECHNIQUE		VIEWED
FOREARM (AP & LATERAL)				NIGHT		LEFT
REQ. PHYSICIAN	PATIENT LOCATION					
EMERGENCY SERVICE	EMERGENCY ROOM					

REPORT:

ORDER# 24537

ER NITE

HISTORY: GSW OF LEFT ARM.

IMPRESSION: BULLET IN THE SOFT TISSUES OF THE FOREARM.

NO FX.

COMMENT: THERE IS A SOFT TISSUE DEFECT NOTED ON THE RADIAL ASPECT OF THE LEFT FOREARM. THERE IS AN UNDERLYING BULLET WITH SURROUNDING AIR IN THEVENTRAL SOFT TISSUES OF THE FOREARM. THE UNDERLYING BONES ARE INTACT.

T. WEINGRAD, M.D. (R)/CL

BONAVITA JOHN A MD

17-Dec-80

NOT VALID UNTIL SIGNED